

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 2 5

2. STATE:

Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
10-1-02

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8b to Attachment 2.6-A Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Missouri (02-025)
approved: 02/25/03
effective: 10/01/02

10. SUBJECT OF AMENDMENT:

Eligibility under Sections 1902(f) and (r)(2) of the Social Security Act

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *ce*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Signature]

13. TYPED NAME:

Dana Katherine Martin

14. TITLE:

Director, Department of Social Services

15. DATE SUBMITTED:

December 26, 2002

16. RETURN TO:

Denise Cross, Director
Division of Family Services
P. O. Box 88
Jefferson City, MO 65103

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/27/02

18. DATE APPROVED:

FEB 25 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/01/02

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & Children's Health

23. REMARKS:

cc:
Renee
Vadner
Waite
CO
DSG/DIATA

SPA CONTROL

Date Submitted: 12/26/02

Date Received: 12/27/02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MISSOURI

For the mandatory Aged, Blind, and Disabled group under 1902(f)

Income above the SSI standard that does not exceed 80% of the federal poverty income level (as revised annually in the federal register) for the single individual or couple involved is disregarded. The federal poverty level increase each year is effective as of April 1 of that year.

TN No. MS-02-25 Approval Date **FEB 25 2003** Effective Date 10-1-02
Supercedes
TN No. NA